

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091529257

APPLICANT(S)

CLAIMS						
No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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45						
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.	6	6	6	6	6	
TOTAL CLAIMS	6	6	6	6	6	
TOTAL FEE						

BEST AVAILABLE COPY